Work Order ID 65417

Monday, January 17, 2011 9:12:20 AM

Item ID: D407-781-771KIV **Accept** **Setup Start**

Revision ID:

Item Name: Hat Bin-Ivory **Stop**

Start Date: 1/18/2011 **Start Qty:** ~~100~~ 2 **Cust Item ID:**

Required Date: 1/31/2011 **Req'd Qty:** ~~100~~ 2 **Customer:**

Reference:

Approvals: **Process Plan:** MF **Date:** 11-01-17 **Tooling:** _____ **Date:** _____ **Run Start**

QC: _____ **Date:** _____ **SPC (Y/N):** _____ **Date:** _____ **Stop**

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	**Revision Nbr**								
100		0.00							
DC	**Memo**	0.00							
Document Control	Photocopy bluefile &type labels per PPP D206-781-771KIV CHG001								
110	Pick Kit	0.00							
Packaging	**Memo**	0.00							
Packaging									
120	QC4- 100% Inspect kits for completeness	0.00							
QC	**Memo**	0.00							
Quality Control									

11/17/20 (20)

~~x1~~ For stock

x1 For HAP

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ **PAR #:** _____ **Fault Category:** _____ **NCR:** Yes No **DQA:** _____ **Date:** _____

Resolution: _____ **Disposition:** _____ **QA: N/C Closed:** _____ **Date:** _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

H:\FORMS\Quality Assurance\approved QA\NCRWO RevE

Work Order ID 65417

Monday, January 17, 2011 9:12:20 AM

Item ID: D407-781-771KIV

Revision ID:

Item Name: Hat Bin-Ivory

Start Date: 1/18/2011 **Start Qty:** 1.00

Required Date: 1/31/2011 **Req'd Qty:** 1.00

Reference:

Accept

Setup Start

Stop

Cust Item ID:

Customer:

Run Start

Stop

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

QC: _____ **Date:** _____ **SPC (Y/N):** _____ **Date:** _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 Packaging	Identify as per dwg & Stock Location: 90	0.00	Rec A			11	1	20	stock
Packaging	Memo HAI 01700 JAN	0.00							1 HAI
	Sent etre packaged								
140 QC	QC21- Final Inspection - Work Order Release	0.00						01	20
Quality Control	Memo	0.00							

MF 11-01-20

11-01-21

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Picklist Print

Monday, January 17, 2011 9:12:17 AM

Work Order ID: 65417

Parent Item: D407-781-771KIV

Parent Item Name: Hat Bin-Ivory

Start Date: 1/18/2011 **Required Date:** 1/31/2011

Start Qty: ~~1.00~~ 2 **Required Qty:** 1.00

Comments: IPP RevA: New issue DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
AN525-10R7 Screw		Purchased	No			110	Each	370.0000	2	4	11/1/20		
				Location		**Loc Qty**		**Loc Code**					
				ST325		370							
					113359	15							
					115016	155							
					115371	200							
D3835-1KIV Hat Bin-Ivory		Manufactured	No			110	Each	0.0000	1	2	B65416	2/10	
D3851-1KIV Doubler-Ivory		Manufactured	No			110	Each	109.0000	4	8	11/1/20		
				Location		**Loc Qty**		**Loc Code**					
				ST092		109							
					51798	109							

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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REFERENCE ONLY

4.0 WEIGHT AND BALANCE

Installation	Weight	LATERAL		LONGITUDINAL	
		Arm	Moment	Arm	Moment
D407-781-771 *Hat Bin Kit*	5.2 lb 2.4 kg	0 in 0 m	0 lb-in 0 kg-m	144.0 in 3.7 m	749 lb-in 8.9 kg-m

5.0 PARTS LIST

Qty -771	Part Number	Description
X	D407-781-771	HAT BIN KIT
1	D3835-1	HAT BIN
4	D3851-1	DOUBLER
2	AN525-10R7	SCREW

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